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**** CONTINUING DATA *******
 This application is a CIP of 09/225,583 01/05/1999 PAT 6,387,331
 and claims benefit of 60/071,179 01/12/1998
 and claims benefit of 60/239,538 10/10/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 07/06/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 27	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 13
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ADDRESS
2101

TITLE
METHODS FOR SCREENING SUBSTANCES IN A MICROWELL ARRAY

FILING FEE RECEIVED 2084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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